



CLAIM FOR MONTHLY PAYMENTS

UNITED STATES GOVERNMENT LIFE INSURANCE (USGLI)

1. INSURANCE FILE NUMBER

F -

2. INSURANCE POLICY NUMBER

K

3. NET AMOUNT PAYABLE

4. BENEFICIARY'S SHARE (FRACTION)

5. PAYMENT OPTION
SELECTED
BY INSURED

IMPORTANT - Use this form for K prefix policies ONLY. PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM

BENEFICIARY - This form is to be used only when monthly payments were selected by the insured, or the beneficiary is selecting monthly payments instead of one sum. See the directions on the reverse side if you wish to select a Lump Sum Payment.

SIGNATURE - In order to expedite payment of this claim Item 16 must be signed by the beneficiary. If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 12.

6. FIRST, MIDDLE AND LAST NAME OF INSURED VETERAN

7. DATE OF BIRTH

8. INSURED'S PLACE OF DEATH

9. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY

10. RELATIONSHIP TO INSURED

11. BENEFICIARY'S DATE OF BIRTH

12. ADDRESS OF BENEFICIARY OR THEIR GUARDIAN

13. BENEFICIARY'S DAYTIME
TELEPHONE NUMBER14. BENEFICIARY'S SOCIAL SECURITY
NUMBER

15. Read the instructions on the reverse side and consult the tables attached before making your selection in the space below. Check (✓) the box for the option selected, or more than one box if more than one option is selected in accordance with instruction 2 on the reverse side. If selecting Option 2, please complete all items on the line checked.

OPTION NUMBER

OPTION DESCRIPTION

☐ **2** MONTHLY INSTALLMENTS PAYABLE FOR 36 TO 240 MONTHS (In multiples of 12)
NUMBER OF EQUAL MONTHLY
INSTALLMENTS (In multiples of 12)
☐ **3** MONTHLY INSTALLMENTS CONTINUING THROUGHOUT THE LIFETIME OF THE BENEFICIARY WITH 240 PAYMENTS GUARANTEED. **PROOF OF AGE REQUIRED.**
☐ **4** MONTHLY INSTALLMENTS CONTINUING THROUGHOUT THE LIFETIME OF THE BENEFICIARY WITH 120 PAYMENTS GUARANTEED. **PROOF OF AGE REQUIRED.**
☐ **5** THIS OPTION IS AVAILABLE TO THE BENEFICIARY ONLY WHEN THE INSURED DIES WHILE RECEIVING TOTAL PERMANENT DISABILITY PAYMENTS. THE BENEFICIARY MAY ELECT TO RECEIVE THE REMAINING MONTHLY INSTALLMENTS.

NOTE - Settlement under one of these options shall be considered full and complete settlement of all liability under this contract. This selection shall not be valid unless and until it is recorded in the Department of Veterans Affairs. If the beneficiary fails to select an option, settlement will be based on the option selected by the insured.

IMPORTANT - This form must be signed by the beneficiary, guardian or fiduciary, in Item 16, in order for payment to be made. If the beneficiary cannot sign his/her name, but is competent to handle his/her own affairs, an "x," made by the beneficiary and signed by two disinterested witnesses, is acceptable.

16. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN

17. DATE

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL OUR TOLL-FREE NUMBER 1 (800) 669-8477

INSTRUCTIONS FOR SELECTION OF OPTIONAL SETTLEMENT

1. A LUMP SUM SETTLEMENT is not available when the insured selected a monthly installment option. HOWEVER, if the insured left a will or there is other evidence, in writing, that the insured desired that the beneficiary receive a lump sum, the beneficiary may submit a copy for such consideration. When submitting the above, please sign Item 16 and return. It is not necessary to complete the entire form.
2. If the insured has selected Option 2 with monthly installments not in excess of 120, the beneficiary may elect to receive payment in a greater number of installments under Option 2, or may elect to receive payment under Option 3 or Option 4.
3. If the insured has selected Option 2 with monthly installments in excess of 120, the beneficiary may elect to receive payment in a greater number of installments under Option 2, or may elect to receive payment under Option 3.
4. If the insured has selected Option 3 and named no contingent beneficiary, the beneficiary may elect to receive payment under Option 4.
5. If the insured has selected Option 4, the beneficiary may elect to receive payment under Option 3.
6. The tables attached indicate what you will receive monthly on the monthly installment plan (Option 2) and on the continuous monthly installment plan (Option 3 or Option 4). The amounts represent the value per thousand of insurance. If you are entitled to more than \$1000 under the policy, the value should be increased proportionately. (i.e., \$3000 policy will pay on the 36 monthly installment system, three times \$29.19 or \$87.57 monthly.

SUBMIT COMPLETED FORM TO:

DEPARTMENT OF VETERANS AFFAIRS
Regional Office and Insurance Center
P.O. Box 7208
Philadelphia, PA 19101

PRIVACY ACT INFORMATION - No proceeds may be paid unless a completed claim form has been received (38 U.S.C. 752). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 1/4 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0225), Washington, DC 20503. Do NOT send requests for benefits to these addresses.